

Communication facilitator in ICU economically feasible

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(HealthDay)—Staffing the intensive care unit (ICU) with a

communication facilitator is economically feasible, according to research published in the December issue of the *Annals of the American Thoracic Society*.

Nita Khandelwal, M.D., from Harborview Medical Center in Seattle, and colleagues examined the economic feasibility of staffing ICUs with a communication facilitator using data from a randomized trial. One hundred thirty-five patients were admitted to the ICU at a single hospital with predicted mortality of ≥ 30 percent and a surrogate decision maker. The authors examined the differences in ICU total and direct variable costs for intervention and control patients.

The researchers observed a reduction in total and average daily ICU costs with the intervention ($P = 0.02$ and 0.006 , respectively). Families of survivors spent less time per encounter with facilitators than families of decedents (mean, 25 versus 36 minutes), despite more contacts. After incorporating facilitator [costs](#), simulation projected maximal weekly savings with a 1.0 full-time equivalent facilitator and 15 percent predicted ICU mortality (total weekly ICU savings of \$58.4 k; weekly direct variable savings, \$5.7k).

"Adding a full-time trained communication facilitator in the ICU may improve the quality of care while simultaneously reducing short-term (direct variable) and long-term (total) [health care costs](#)," the authors write. "This intervention is likely to be more cost-effective in a lower-mortality population."

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